Davidson County AFFIDAVIT
Recvd: 07/19/02 10:08 2pgs
Fees:12.00 Taxes:0.00
20020719-0087087

This instrument prepared by:
Joe F. Gillespie, Jr.
6408-A Clarksville Highway
Joelton, Tenn. 37080

AFFIDAVIT OF HEIRSHIP

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

WILLIE MAE BATES, being first duly sworn according to law, states that she is a person of lawful age, that she is and has been for the last several years a citizen and resident of the State of Tennnessee, and that she further deposes as follows:

1. Her mother, GRACE MAE FIDDLER, died intestate in Nashville, Tennessee, on October 6, 1987. She was divorced from the affiant's father at her death.

2. That she knows on personal knowledge that GRACE MAE FIDDLER had only one child at her death, named as follows: WILLIE MAE BATES.

3. The she knows on personal knowledge that GRACE MAE FIDDLER died intestate on October 6, 1987, leaving no surviving spouse and only her daughter, WILLIE MAE BATES, as her sole heir at law.

4. That she knows on her own personal knowledge that all of the debts of her mother, GRACE MAE FIDDLER, have been paid in full, and her estate should owe no death taxes to the United States government or to the State of Tennessee.

This affidavit is freely given pursuant to T.C.A. Section 30-2-712 et seq., to help establish and reflect the heirship with respect to any real or personal property owned by GRACE MAE FIDDLER at her death, including her house and lot at 5854 Higdon Road, Davidson County, Tennessee, or in any other county or state.

FURTHER, AFFIANT SAITH NOT.

Willie Mae Bates
WILLIE MAE BATES

Subscribed, sworn and acknowledged before me, a Notary Public for the above county and state, this 17th day of July 2002.

Joe F. Gillespie Jr.
NOTARY PUBLIC

MY COMMISSION EXPIRES:
9/24/2004

Metropolitan Government of Nashville and Davidson County

Bill Boner, Mayor

METROPOLITAN HEALTH DEPARTMENT
311 23rd AVENUE, NORTH
NASHVILLE, TENNESSEE 37203
(615) 327-9313

FREDIA S. WADLEY, M.D.
LOCAL REGISTRAR
METROPOLITAN GOVERNMENT OF NASHVILLE
AND DAVIDSON COUNTY, TN

OCT 27 1988

Fredia S. Wadley, M.D.

This is to certify that this is a true and correct copy of the record filed with the Tennessee Department of Public Health, Vital Records, by the Metropolitan Health Department of Nashville and Davidson County.

This is valid only when the seal of the Metropolitan Health Department of Nashville and Davidson County is affixed.

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

8704701 — THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

BIRTH NO. _____ STATE FILE NO.

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEASED

1. DECEASED—NAME: Grace Mae Fiddler
2. DATE OF DEATH (MONTH, DAY, YEAR): October 6, 1987
3a. AGE—LAST BIRTHDAY (YEARS): 78
3b. UNDER 1 YEAR: MOS. / DAYS
3c. UNDER 1 DAY: HOURS / MIN.
4. DATE OF BIRTH (MONTH, DAY, YEAR): Aug. 30, 1909
5. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC (SPECIFY)): White
5a. ORIGIN OR DESCENT (ITALIAN, MEXICAN, GERMAN, ETC (SPECIFY)): American
6. SEX: Female
7a. COUNTY OF DEATH: Davidson
7b. CITY, TOWN OR LOCATION: Nashville
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.): Park View Hospital
7e. IF HOSP. OR INST. INPATIENT OR OP/Emer. Rm., Inpatient (Specify): Inpatient
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Tennessee
9. CITIZEN OF WHAT COUNTRY: U S A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12a. SOCIAL SECURITY NUMBER: [redacted]-9255
12b. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE): No
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Nurse
13b. KIND OF BUSINESS OR INDUSTRY: Nursing

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Tennessee
14b. COUNTY: Davidson
14c. CITY, TOWN, OR LOCATION: Joelton
14d. STREET AND NUMBER: 5854 Higdon Rd.
14e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14f. CENSUS TRACT NO.:

PARENTS AND INFORMANT

15. FATHER—NAME: Benjamin F. Davidson
16. MOTHER—MAIDEN NAME: Rosa Elliott
17. INFORMANT—NAME: Willie Mae Bates
17a. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 5854 Higdon Rd. Joelton, Tn. 37080

PERMIT REQUIRED PRIOR TO TRANSPORTATION OF BODY BY COMMON CARRIER OR REMOVAL FROM STATE.

DISPOSITION

18a. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
18b. DATE (MONTH, DAY, YEAR): Oct. 8, 1987
18c. CEMETERY OR CREMATORY—NAME: North Woodlawn
18d. LOCATION (CITY OR TOWN, STATE): Joelton, Tennessee
19a. FUNERAL DIRECTOR (SIGNATURE): Robert Anderson
19b. LICENSE NO.: 492
19c. EMBALMER (SIGNATURE): Robert Anderson
19d. LICENSE NO.: 1954
20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Anderson-Garrett Joelton, Tn. 37080
21. REGISTRAR—SIGNATURE: Esther D. Gross
21a. DATE RECEIVED BY LOCAL REGISTRAR: 10-19-87

CERTIFIER

22a. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED — SIGNATURE: James M. Sullivan, M.D. — DEGREE: MD — DATE SIGNED (MONTH, DAY, YEAR): 10/15/87
22b. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED — SIGNATURE — TITLE — DATE SIGNED (MONTH, DAY, YEAR)
23a. CERTIFIER—NAME (TYPE OR PRINT): James M. Sullivan, M.D.
23b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 345 24th Ave. North Nashville, Tn., 37202

IF DEATH NOT ATTENDED BY PHYSICIAN, AUTHORIZED OFFICIAL SIGN HERE. ANY PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE

25. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
(a) IMMEDIATE CAUSE: Metastatic carcinoma of the bladder — INTERVAL BETWEEN ONSET AND DEATH: 1yr
DUE TO, OR AS A CONSEQUENCE OF
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

AUTOPSY (YES OR NO):

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
27a. DATE OF INJURY (MONTH, DAY, YEAR):
27b. HOUR:
27c.
27d. DESCRIBE HOW INJURY OCCURRED:
27e. INJURY AT WORK (SPECIFY YES OR NO):
27f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY):
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

PH 1659
Rev. 9/81